

“EXHIBIT A-DECLARATION OF DARREN MULFORD”

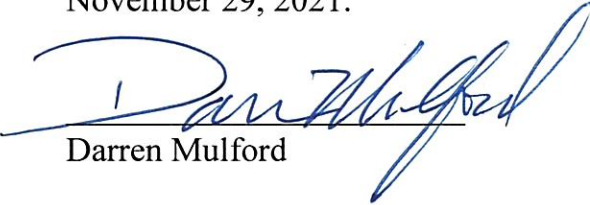
DECLARATION OF DARREN MULFORD

I, Darren Mulford, hereby declare and state as follows:

1. I have personal knowledge regarding the matters herein stated and am authorized to make this declaration on behalf of the company mentioned herein. If called as a witness, I could and would testify competently to the facts set forth below.
2. I have received a copy of the Complaint styled, *Julio Chiquin, et al. Plaintiffs v. J.B. Hunt Transport, Inc., et al., Defendants*, filed in Nevada's District Court, Case No. A-21-842887-C Department 25 (the "Nevada Action").
3. I am a Director of Risk Management & Litigation for J.B. Hunt Transport, Inc. ("JB Hunt"), which is named as a defendant in the Nevada Action.
4. Based on my role with JB Hunt, I am familiar with its business organization; principal place of business; statutory agent for service of process; processes for receiving service of process on the company; information and materials it maintains with respect to its current and former drivers; and documents and information it receives in connection with motor vehicle incidents involving its drivers and equipment and claims received relating to the same.
5. JB Hunt is a Georgia corporation, with its principal place of business located at 615 JB Hunt Corporate Drive, Lowell, Arkansas 72745, where the principal officers of the company direct, coordinate and control the business activities of JB Hunt.
6. JB Hunt's statutory agents is CSC of Cobb County, Inc. located at 192 Anderson Street SE, Suite 125, Marietta, Georgia 30060 ("CSC").
7. I first became aware of the Nevada action in early November, 2021, when I received a scanned and emailed copy of the Summons and Complaint. Since that time I have learned that instead of serving JB Hunt's statutory agent, CSC, on October 29, 2021, Plaintiffs hand-delivered a copy of the Summons and Complaint in the Nevada Action to an individual named Jason Herrera at JB Hunt's headquarters in Lowell, Arkansas. Mr. Herrera is a Manager, Corporate Security for JB Hunt.
8. The other defendant named in the Nevada Action, Stephen R. Palacios, is a former employee of JB Hunt. He worked for JB Hunt at the time of the incident at issue in the Nevada Action, and his employment most recently terminated on October 27, 2021. Mr. Palacios' last known home address is [REDACTED] Rancho Cucamonga, California [REDACTED] Rancho Cucamonga is a city in San Bernardino County, California.
9. In the ordinary course of business, JB Hunt maintains copies of driver's licenses for its drivers. Exhibit 1 is a true and correct (redacted) copy of the California-issued driver's license in JB Hunt's files for Mr. Palacios. It reflects that during his employment with JB Hunt, Mr. Palacios maintained a residence in Fontana California. Fontana also is a city located in San Bernardino County, California.

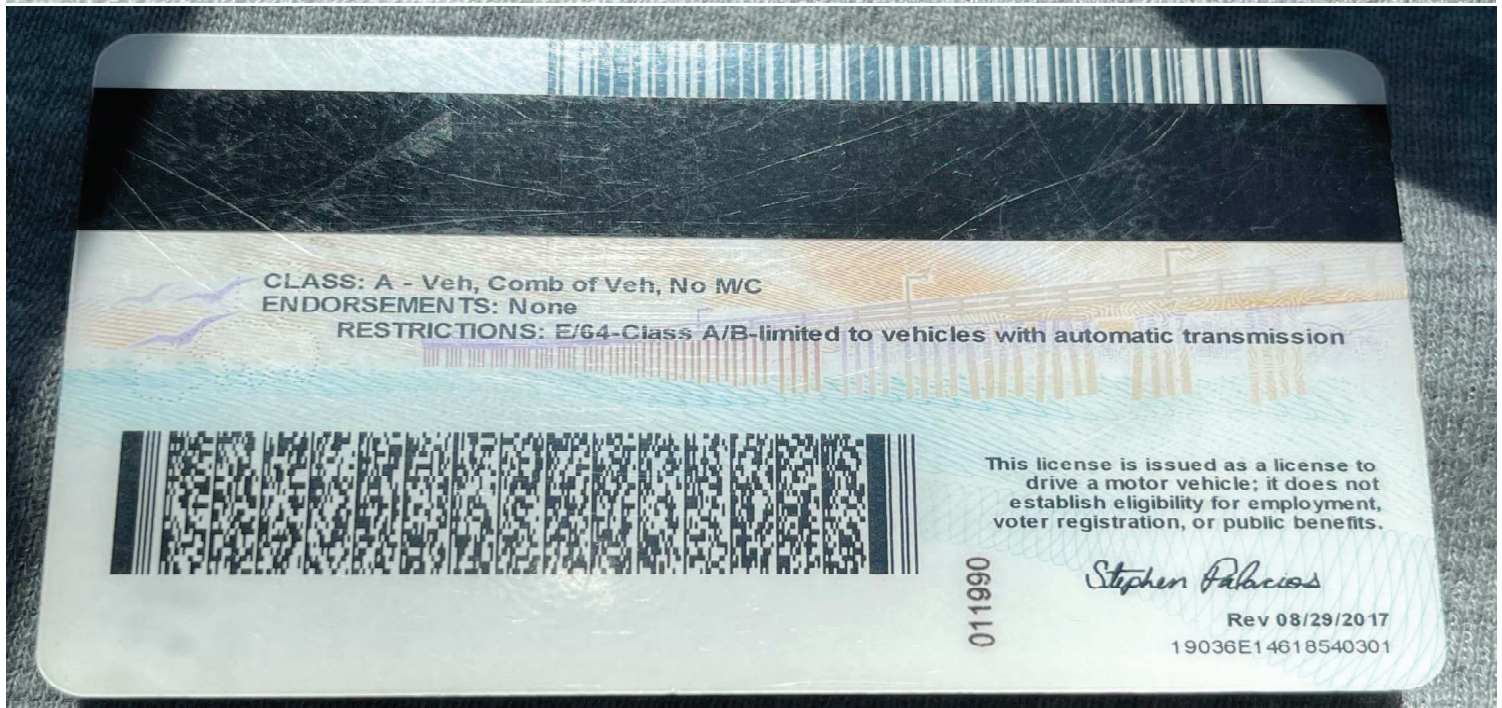
10. As an ordinary part of the claims handling process, JB Hunt obtains copies of law enforcement reports relating to motor vehicle incidents involving its drivers and equipment. Attached as Exhibits 2 and 3 are true and correct (redacted) copies of the State of Nevada Traffic Crash Reports relating to the incident at issue in the Nevada Action that JB Hunt obtained from law enforcement officials. Exhibit 2 shows Mr. Palacios' address at the time of the incident as the same Fontana, California address that is on his driver's license attached as Exhibit 1. Exhibit 3 shows street addresses in Taylorsville, Utah, North Las Vegas, Nevada, and Salt Lake City, Utah for the residences of plaintiffs in the Nevada Action.
11. In late August 2021, JB Hunt received the letter dated August 23, 2021 from Plaintiffs' attorney, Adam Fulton, Esq. of the Jennings & Fulton Law Firm relating to the claims Plaintiffs assert in the Nevada Action. A true and correct copy of that letter (redacted to remove voluminous medical information) is attached as Exhibit 4.

I declare under penalty of perjury that the foregoing is true and correct. Executed on November 29, 2021.


Darren Mulford


“EXHIBIT 1”

619480995



“EXHIBIT 2”

Event Number: 191002059				STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 12/2018				Crash Number: NHP191002059		Scene Information			
Code Revision: 11/2017								REDACTED COPY					
<input checked="" type="checkbox"/> 1) Urban <input type="checkbox"/> 2) Rural		<input type="checkbox"/> 1) Emergency Use <input type="checkbox"/> 2) Office Report		<input checked="" type="checkbox"/> 1) Preliminary Report <input type="checkbox"/> 2) Initial Report		<input type="checkbox"/> 3) Resubmission <input type="checkbox"/> 4) Supplement Report		<input type="checkbox"/> 1) Hit and Run <input type="checkbox"/> 2) Private Property		<input type="checkbox"/> 1) Property <input checked="" type="checkbox"/> 2) Injury <input type="checkbox"/> 3) Fatal			
Crash Date 10/27/2019				Time 0009		Day Sun		Beat / Sector HLC33		Agency Name: Nevada Highway Patrol			
						<input checked="" type="checkbox"/> 1) County CLARK		<input type="checkbox"/> 2) City					
Is this a Secondary Collision: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Roadway Clearance Time: 1100				Incident Clearance Time: 1100					
Mile Marker 33		# Vehicles 1		# Non Motorists 0		# Occupants 1		# Fatalities 0		# Injured 1			
# Restrained 1													
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot <input type="checkbox"/> 2) Active School Zone IR15													
<input type="checkbox"/> 1) At Intersection With:													
<input checked="" type="checkbox"/> 2) Or 20 <input checked="" type="checkbox"/> 3) Feet <input type="checkbox"/> 4) Miles <input checked="" type="checkbox"/> 5) Approximate N Of (Cross Street) BLUE DIAMOND RD													
Roadway Character		Roadway Conditions				Surface		Intersection		Total Thru Lanes			
<input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input type="checkbox"/> 4) Straight & Grade <input type="checkbox"/> 5) Straight & Hillcrest <input checked="" type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other		<input checked="" type="checkbox"/> 1) Dry <input type="checkbox"/> 2) Icy <input type="checkbox"/> 3) Wet <input type="checkbox"/> 4) Snow <input type="checkbox"/> 5) Sand / Mud/ Dirt / Gravel <input type="checkbox"/> 6) Other <input type="checkbox"/> 7) Slush <input type="checkbox"/> 8) Standing Water <input type="checkbox"/> 9) Moving Water <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 11) Oil				<input checked="" type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other		<input type="checkbox"/> 1) Four Way <input type="checkbox"/> 2) > Four Way <input type="checkbox"/> 3) T <input type="checkbox"/> 6) Other <input type="checkbox"/> 4) Y <input type="checkbox"/> 5) Roundabout <input type="checkbox"/> 7) L		Main Road <input type="checkbox"/> 1) One <input type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input checked="" type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input type="checkbox"/> 6) > 5 Total All Lanes: 6		Access Control <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Full <input type="checkbox"/> 3) Partial	
Pavement Markings						Roadway Description			Weather Conditions				
<input type="checkbox"/> 1) Centerline, Broken Yellow <input type="checkbox"/> 2) Centerline, Solid Yellow <input type="checkbox"/> 3) Centerline, Double Yellow <input checked="" type="checkbox"/> 4) Lane Line, Broken White <input type="checkbox"/> 5) Lane Line, Solid White <input type="checkbox"/> 6) No Passing, Either Direction <input type="checkbox"/> 7) Turn Arrow Symbols <input type="checkbox"/> 8) Center Turn Lane Line <input checked="" type="checkbox"/> 9) Edge Line, Left Yellow <input checked="" type="checkbox"/> 10) Edge Line, Right White <input type="checkbox"/> 11) Other <input type="checkbox"/> 12) None <input type="checkbox"/> 13) Unknown						<input type="checkbox"/> 1) Two-Way, Not Divided <input type="checkbox"/> 2) Two-Way, Divided, Unpro, Median <input checked="" type="checkbox"/> 3) Two-Way, Divided, Median Barrier <input type="checkbox"/> 4) One-Way, Not Divided <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Off Road			<input checked="" type="checkbox"/> 1) Clear <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 3) Snow <input type="checkbox"/> 4) Rain <input type="checkbox"/> 5) Blowing Sand, Dirt, Soil <input type="checkbox"/> 6) Other <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input type="checkbox"/> 8) Severe Crosswinds <input type="checkbox"/> 9) Sleet / Hail <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 11) Blowing Snow				
Light Conditions			Vehicle Collision Type			Location of First Event							
<input type="checkbox"/> 1) Dusk <input type="checkbox"/> 2) Dawn <input type="checkbox"/> 3) Daylight <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other <input type="checkbox"/> 6) Dark—No Roadway Lighting <input checked="" type="checkbox"/> 7) Dark—Spot Roadway Lighting <input type="checkbox"/> 8) Dark—Continuous Roadway Lighting <input type="checkbox"/> 9) Dark—Unknown Roadway Lighting			<input type="checkbox"/> 1) Head On <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 3) Backing <input type="checkbox"/> 4) Angle <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 6) Sideswipe - Meeting <input type="checkbox"/> 7) Sideswipe - Overtaking <input checked="" type="checkbox"/> 8) Non Collision <input type="checkbox"/> 9) Unknown <input type="checkbox"/> 10) Rear to Side			<input type="checkbox"/> 1) Travel Lane <input type="checkbox"/> 2) Turn Lane <input checked="" type="checkbox"/> 3) Gore <input type="checkbox"/> 4) Median <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 7) Intersection <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 10) Other <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 13) Separator <input type="checkbox"/> 14) Parking Lane/Zone							
Roadway / Environment Factors						Type of Work Zone			Work Area Zone				
<input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Weather <input type="checkbox"/> 3) Debris <input type="checkbox"/> 4) Glare <input type="checkbox"/> 5) Other Roadway <input type="checkbox"/> 6) Other Environmental <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 9) Worn Traffic Surface <input type="checkbox"/> 10) Wet, Icy, Snow, Slush <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 12) Animal in Roadway <input type="checkbox"/> 13) Unknown <input type="checkbox"/> 14) Visual Obstruction <input type="checkbox"/> 15) Backup Prior Crash <input type="checkbox"/> 16) Backup Non Recurring Incident <input type="checkbox"/> 17) Backup Regular Congestion <input type="checkbox"/> 18) Work Zone <input type="checkbox"/> 19) Non Highway Work <input type="checkbox"/> 20) Railway Grade Crossing # <input type="checkbox"/> 21) Shared User Path/Trail						<input type="checkbox"/> 1) Lane Closure <input type="checkbox"/> 2) Lane Shift/Crossover <input type="checkbox"/> 3) Work on Shoulder or Median <input type="checkbox"/> 4) Intermittent/Moving Work <input type="checkbox"/> 5) Other			<input type="checkbox"/> 1) Advanced Warning Area <input type="checkbox"/> 2) Transition Area <input type="checkbox"/> 3) Activity Area <input type="checkbox"/> 4) Termination Area				
						Workers Present			Law Enforcement Present				
						<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No			<input type="checkbox"/> 1) No <input type="checkbox"/> 2) Officer Present <input type="checkbox"/> 3) LE Vehicle Only Present				
Property Damage To Other Than Vehicle													
Describe Property Damage: RIGHT SHOULDER CONCRETE WALL AND IMPACT						Owner's Name: NDOT <input checked="" type="checkbox"/> 1) Owner Notified Owner's Address: (Street Address City, State Zip) 123 E. WASHINGTON AVE LAS VEGAS NV 89101							
First Harmful Event		Code # 101		Description: OVERTURN/ROLLOVER									
Investigation Complete <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Photos Taken <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Scene Diagram <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No		Statements <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No # 1		Date Notified 10/27/2019		Time Notified 0009			
Arrival Date 10/27/2019		Arrival Time 0012		Investigator(s) Kevin Provost				ID Number 453		Date 10/27/2019			
Reviewed By Theodore Czajkowski				Date Reviewed 11/10/201		Page 1 of 4							

Event Number: 191002059 Code Revision: 11/2017	STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 12/2018	<table border="1"> <tr> <td data-bbox="1040 107 1349 170"> Crash Number: NHP191002059 </td> <td data-bbox="1349 107 1544 170" style="background-color: black; color: white; text-align: center;"> Scene Information </td> </tr> <tr> <td colspan="2" data-bbox="1040 170 1544 239"> Agency Name: Nevada Highway Patrol </td> </tr> </table>	Crash Number: NHP191002059	Scene Information	Agency Name: Nevada Highway Patrol	
Crash Number: NHP191002059	Scene Information					
Agency Name: Nevada Highway Patrol						
Description of Crash / Narrative						
<p>V1 WAS TRAVELING NORTHBOUND ON IR15 IN THE NUMBER 4 TRAVEL LANE, SOUTH OF SR160. D1 FAILED TO MAINTAIN LANE CAUSING V1 TO ENTER THE RESTRICTED ACCESS GORE. V1 TRAVELED THROUGH THE GORE CAUSING THE FRONT OF V1 TO STRIKE THE RIGHT SHOULDER CONCRETE BARRIER WALL AND HIGHWAY IMPACT ATTENUATION DEVICE. V1 OVERTURNED. V1 CAME TO REST ON IT'S LEFT SIDE IN THE NUMBER 4 TRAVEL LANE AND RIGHT SHOULDER FACING NORTH.</p> <p>NOTE: COMMERCIAL UNIT TROOPER #7026 COMPLETED A FULL INSPECTION # NV7026018121</p>						
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div data-bbox="126 1444 318 1625" style="text-align: center;">  <p>Indicate North</p> </div> <div data-bbox="82 1986 634 2013" style="width: 30%;"> A.I.C.: _____ </div> <div data-bbox="1373 1965 1536 2030" style="width: 15%; text-align: right;"> <table border="1"> <tr> <td>2</td> <td>Page 4</td> </tr> <tr> <td></td> <td>of</td> </tr> </table> </div> </div>			2	Page 4		of
2	Page 4					
	of					

Event Number: 191002059			STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 12/2018			Crash Number: NHP191002059		Vehicle Information																									
Vehicle # 1	# Occupants 1	<input checked="" type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Name: Nevada Highway Patrol																													
Direction of Travel: <input checked="" type="checkbox"/> 1) North <input type="checkbox"/> 2) South <input type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown		Roadway / Street Name: IR15				Travel Lane #: 4																											
Vehicle Action: <input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Backing <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 9) Passing <input type="checkbox"/> 10) Racing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 14) Driverless Vehicle <input type="checkbox"/> 15) Enter Parked <input type="checkbox"/> 16) Lane Change <input type="checkbox"/> 17) Negotiating a Curve <input type="checkbox"/> 18) Unknown <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 20) Unknown <input type="checkbox"/> 21) Unknown <input type="checkbox"/> 22) Unknown																																	
Driver: (Last Name, First Name, Middle Name Suffix) PALACIOS, STEPHEN RENE					Transported By: <input type="checkbox"/> 1) Not Transported <input checked="" type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other 202																												
Street Address: [REDACTED]					Transported To: UMC TRAUMA CENTER																												
City: FONTANA		State / Country CA		Zip Code: [REDACTED]		Person Type: 1		Seating Position: 1																									
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown		DOB: [REDACTED]		Phone Number:		Injury Severity: B		Injury Location: 5																									
OLN: REDACTED		State: CA		Class: A		License Status: 0		Airbag Switch: 1																									
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements		Restrictions: 0		Airbags: 2		Ejected: 0																									
Alcohol / Drug Involvement <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Marijuana		Method of Determination (check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 6) Preliminary Breath Test		Test Results:		Driver Factors <input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 10) Unknown																											
Vehicle Year: 2019		Vehicle Make: FREIGHTLINER		Vehicle Model: TRACTOR		Vehicle Type: SEMI																											
Plate / Permit No.: 2700293		State: IN		Expiration Date: 12/31/2019		Vehicle Color: WHITE																											
Vehicle Identification Number: 3AKJHPDV2KSKA4367																																	
Registered Owner Name: JB HUNT TRANSPORTATION CO <input type="checkbox"/> 1) Same As Driver																																	
Registered Owner Address: 9200 E 146TH STREET NOBLESVILLE IN 46060																																	
Insurance Company Name: ACE AMERICAN INSURANCE CO. <input checked="" type="checkbox"/> 1) Insured																																	
Policy number: H25280350		Effective: 12/31/2018		To: 12/31/2019																													
Insurance Company Address or Phone Number: 415-547-4400																																	
<input checked="" type="checkbox"/> 1) Vehicle Towed <input type="checkbox"/> 2) Towed Due to Disabling Damage		Towed By: EWING BROTHERS TOWING Removed To: TOW YARD																															
Traffic Control <input type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 9) Other MARKED LANE				Distance Traveled After Impact: 20 FEET		Speed Estimate From 55 To 65 Limit 65		1st Contact 																									
<input type="checkbox"/> 11) Stop Sign <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 13) Railway Crossing Sign / Device <input type="checkbox"/> 14) Chain / Snow Tire Req. <input type="checkbox"/> 15) Officer / Flagger <input type="checkbox"/> 16) Unknown				Damaged Areas <input checked="" type="checkbox"/> 1) Front <input type="checkbox"/> 2) Right Side <input type="checkbox"/> 3) Left Side <input type="checkbox"/> 4) Rear <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Top <input type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 9) Left Front <input type="checkbox"/> 10) Left Rear <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other																													
Extent of Damage <input type="checkbox"/> 1) Minor <input type="checkbox"/> 2) Moderate <input checked="" type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown				Sequence of Events <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Code #</th> <th>Description</th> <th>Collision With Fixed Object</th> <th>Most Harmful Event</th> </tr> </thead> <tbody> <tr> <td>1st 214</td> <td>MOTOR VEHICLE IN TRANSPORT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2nd 101</td> <td>OVERTURN/ROLLOVER</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>3rd</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4th</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5th</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>						Code #	Description	Collision With Fixed Object	Most Harmful Event	1st 214	MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/>	<input type="checkbox"/>	2nd 101	OVERTURN/ROLLOVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3rd		<input type="checkbox"/>	<input type="checkbox"/>	4th		<input type="checkbox"/>	<input type="checkbox"/>	5th		<input type="checkbox"/>	<input type="checkbox"/>
Code #	Description	Collision With Fixed Object	Most Harmful Event																														
1st 214	MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/>	<input type="checkbox"/>																														
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3rd		<input type="checkbox"/>	<input type="checkbox"/>																														
4th		<input type="checkbox"/>	<input type="checkbox"/>																														
5th		<input type="checkbox"/>	<input type="checkbox"/>																														
<input checked="" type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending (1) 484B.587		Violation Disobey Restricted Access		NOC 53797		Citation Number X02117443																											
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC (2)		Violation		NOC		Citation Number																											
Investigator(s) Kevin Provost		ID Number 453		Date 10/27/2019		Reviewed By Theodore		Date Reviewed 11/10/2019																									
								Page 3 of 4																									

Event Number: 191002059		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 12/2018		Crash Number: NHP191002059		Vehicle Information	
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type: Seating Position: Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown DOB:		Phone Number:		Injury Severity:		Injury Location:	
<input type="checkbox"/> 2) Female							
				Airbags:		Airbag Switch:	
				Ejected:		Trapped:	
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type: Seating Position: Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown DOB:		Phone Number:		Injury Severity:		Injury Location:	
<input type="checkbox"/> 2) Female							
				Airbags:		Airbag Switch:	
				Ejected:		Trapped:	
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type: Seating Position: Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown DOB:		Phone Number:		Injury Severity:		Injury Location:	
<input type="checkbox"/> 2) Female							
				Airbags:		Airbag Switch:	
				Ejected:		Trapped:	
<input checked="" type="checkbox"/> 1) Trailing Unit 1 VIN : 611893305				Plate: P758505		State: IN <input type="checkbox"/> 1) NV Type: SEMI	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: NV <input checked="" type="checkbox"/> 1) NV Type:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: NV <input checked="" type="checkbox"/> 1) NV Type:	
Commercial Vehicle Configuration							
<input checked="" type="checkbox"/> 1) Commercial Vehicle				<input type="checkbox"/> 2) Bus (Indicate Size/Type)			
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 5) Any 4 Tire Vehicle				<input type="checkbox"/> 6) Tractor Only <input checked="" type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Doubles <input type="checkbox"/> 9) Tractor / Triples <input type="checkbox"/> 10) Truck with Trailer			
<input type="checkbox"/> 11) Tractor / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> 13) Light Truck, (Haz-Mat) <input type="checkbox"/> 14) Other Heavy Vehicle				Source <input checked="" type="checkbox"/> 1) Driver <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 3) Shipping Papers / Trip Manifest <input type="checkbox"/> 4) State Reg. <input type="checkbox"/> 5) Side Of Vehicle <input type="checkbox"/> 6) Other _____			
Hazmat <input type="checkbox"/> 1) Hazmat Placard Displayed <input type="checkbox"/> 2) Hazmat Released <input checked="" type="checkbox"/> 3) Was release ≥ 25 gal. or 3 cubic yds.?				Location of Hazmat Release, Regardless of Amount <input checked="" type="checkbox"/> 1) Tractor Only <input type="checkbox"/> 3) Combination Tractor & Cargo <input type="checkbox"/> 2) Cargo Only			
Carrier Name: J.B. HUNT TRANSPORTATION				Power Unit GCWR/GVWR <input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input checked="" type="checkbox"/> 3) ≥ 26,001 Lbs.			
Carrier Street Address: 9200 E 146TH STREET				City: NOBLESVILLE		State: IN <input type="checkbox"/> 1) NV Zip Code: 46060	
Cargo Body Type <input type="checkbox"/> 1) Pole <input checked="" type="checkbox"/> 6) Van / Box <input type="checkbox"/> 11) Grain, Gravel Chips <input type="checkbox"/> 2) Tank <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 12) Bus, 9—15 Occupants <input type="checkbox"/> 3) Flatbed <input type="checkbox"/> 8) Auto Carrier <input type="checkbox"/> 13) Bus, > 15 Occupants <input type="checkbox"/> 4) Dump <input type="checkbox"/> 9) Garbage / Refuse <input type="checkbox"/> 14) Other <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 10) Not Applicable				Haz-Mat ID #:		Type of Carrier <input type="checkbox"/> 1) Single State <input checked="" type="checkbox"/> 2) USDOT <input type="checkbox"/> 3) Canada <input type="checkbox"/> 4) Mexico <input type="checkbox"/> 5) None	
				Hazard Classification #:		NAS Safety Report #: NV7026018121 Carrier Number: 0080806	
						Page 4 of 4	

“EXHIBIT 3”

Event Number: 191002060		STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 12/2018		Crash Number: NHP191002060 REDACTED <input checked="" type="checkbox"/> 1) Property <input type="checkbox"/> 2) Injury <input type="checkbox"/> 3) Fatal		
Code Revision: 11/2017				Agency Name: Nevada Highway Patrol		
<input checked="" type="checkbox"/> 1) Urban <input type="checkbox"/> 2) Rural	<input type="checkbox"/> 1) Emergency Use <input type="checkbox"/> 2) Office Report	<input checked="" type="checkbox"/> 1) Preliminary Report <input type="checkbox"/> 2) Initial Report	<input type="checkbox"/> 3) Resubmission <input type="checkbox"/> 4) Supplement Report	<input type="checkbox"/> 1) Hit and Run <input type="checkbox"/> 2) Private Property		
Crash Date 10/27/2019	Time 0009	Day Sun	Beat / Sector HLC33	<input checked="" type="checkbox"/> 1) County CLARK	<input type="checkbox"/> 2) City	
Is this a Secondary Collision: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Roadway Clearance Time: 0044		Incident Clearance Time: 0205		
Mile Marker 33	# Vehicles 1	# Non Motorists 0	# Occupants 5	# Fatalities 0	# Injured 0	
# Restrained 5						
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot <input type="checkbox"/> 2) Active School Zone IR15						
<input type="checkbox"/> 1) At Intersection With: <input checked="" type="checkbox"/> 2) Or 800 <input checked="" type="checkbox"/> 3) Feet <input type="checkbox"/> 4) Miles <input checked="" type="checkbox"/> 5) Approximate S Of (Cross Street) SR160						
Roadway Character <input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input type="checkbox"/> 4) Straight & Grade <input type="checkbox"/> 5) Straight & Hillcrest <input checked="" type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other	Roadway Conditions <input checked="" type="checkbox"/> 1) Dry <input type="checkbox"/> 7) Slush <input type="checkbox"/> 2) Icy <input type="checkbox"/> 8) Standing Water <input type="checkbox"/> 3) Wet <input type="checkbox"/> 9) Moving Water <input type="checkbox"/> 4) Snow <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Sand / Mud/ Dirt / Gravel <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Oil		Surface <input checked="" type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other	Intersection <input type="checkbox"/> 1) Four Way <input type="checkbox"/> 4) Y <input type="checkbox"/> 2) > Four Way <input type="checkbox"/> 5) Roundabout <input type="checkbox"/> 3) T <input type="checkbox"/> 7) L <input type="checkbox"/> 6) Other	Total Thru Lanes Main Road <input type="checkbox"/> 1) One <input type="checkbox"/> 2) Two <input checked="" type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input type="checkbox"/> 6) > 5 Total All Lanes: 4	Access Control <input type="checkbox"/> 1) None <input checked="" type="checkbox"/> 2) Full <input type="checkbox"/> 3) Partial
Pavement Markings <input checked="" type="checkbox"/> 1) Centerline, Broken Yellow <input type="checkbox"/> 2) Centerline, Solid Yellow <input type="checkbox"/> 3) Centerline, Double Yellow <input type="checkbox"/> 4) Lane Line, Broken White <input checked="" type="checkbox"/> 5) Lane Line, Solid White <input type="checkbox"/> 6) No Passing, Either Direction <input type="checkbox"/> 7) Turn Arrow Symbols			Roadway Description <input type="checkbox"/> 1) Two-Way, Not Divided <input type="checkbox"/> 2) Two-Way, Divided, Unpro, Median <input checked="" type="checkbox"/> 3) Two-Way, Divided, Median Barrier <input type="checkbox"/> 4) One-Way, Not Divided <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Off Road			
Weather Conditions <input checked="" type="checkbox"/> 1) Clear <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 8) Severe Crosswinds <input type="checkbox"/> 3) Snow <input type="checkbox"/> 9) Sleet / Hail <input type="checkbox"/> 4) Rain <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Blowing Sand, Dirt, Soil <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Blowing Snow						
Light Conditions <input type="checkbox"/> 1) Dusk <input type="checkbox"/> 6) Dark—No Roadway Lighting <input type="checkbox"/> 2) Dawn <input checked="" type="checkbox"/> 7) Dark—Spot Roadway Lighting <input type="checkbox"/> 3) Daylight <input type="checkbox"/> 8) Dark—Continuous Roadway Lighting <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 9) Dark—Unknown Roadway Lighting <input type="checkbox"/> 5) Other		Vehicle Collision Type <input type="checkbox"/> 1) Head On <input type="checkbox"/> 6) Sideswipe - Meeting <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 7) Sideswipe - Overtaking <input type="checkbox"/> 3) Backing <input checked="" type="checkbox"/> 8) Non Collision <input type="checkbox"/> 4) Angle <input type="checkbox"/> 9) Unknown <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 10) Rear to Side		Location of First Event <input checked="" type="checkbox"/> 1) Travel Lane 2 <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 2) Turn Lane <input type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 3) Gore <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 13) Separator <input type="checkbox"/> 4) Median <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 14) Parking Lane/Zone <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 10) Other		
Roadway / Environment Factors <input type="checkbox"/> 1) None <input type="checkbox"/> 10) Wet, Icy, Snow, Slush <input type="checkbox"/> 19) Backup Regular Congestion <input type="checkbox"/> 2) Weather <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 20) Work Zone <input checked="" type="checkbox"/> 3) Debris <input type="checkbox"/> 14) Animal in Roadway <input type="checkbox"/> 21) Non Highway Work <input type="checkbox"/> 4) Glare <input type="checkbox"/> 15) Unknown <input type="checkbox"/> 22) Railway Grade Crossing # <input type="checkbox"/> 5) Other Roadway <input type="checkbox"/> 23) Shared User Path/Trail <input type="checkbox"/> 6) Other Environmental <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 16) Visual Obstruction <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 17) Backup Prior Crash <input type="checkbox"/> 9) Worn Traffic Surface <input type="checkbox"/> 18) Backup Non Recurring Incident			Type of Work Zone <input type="checkbox"/> 1) Lane Closure <input type="checkbox"/> 2) Lane Shift/Crossover <input type="checkbox"/> 3) Work on Shoulder or Median <input type="checkbox"/> 4) Intermittent/Moving Work <input type="checkbox"/> 5) Other			
			Workers Present <input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Work Area Zone <input type="checkbox"/> 1) Advanced Warning Area <input type="checkbox"/> 2) Transition Area <input type="checkbox"/> 3) Activity Area <input type="checkbox"/> 4) Termination Area	
			Law Enforcement Present <input type="checkbox"/> 1) No <input type="checkbox"/> 2) Officer Present <input type="checkbox"/> 3) LE Vehicle Only Present			
Property Damage To Other Than Vehicle						
Describe Property Damage:			Owner's Name: _____ <input type="checkbox"/> 1) Owner Notified			
			Owner's Address: (Street Address City, State Zip) _____			
First Harmful Event	Code # 218	Description: OTHER MOVABLE OBJECT				
Investigation Complete <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	Photos Taken <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	Scene Diagram <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No	Statements <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No # 1	Date Notified 10/27/2019	Time Notified 0044	
Arrival Date 10/27/2019	Arrival Time 0044	Reviewed By Brandon Crawford		Date Reviewed 11/1/2019	Page 1 of 5	
Investigator(s) Erick Caballero		ID Number 457	Date 10/27/2019			

Event Number: 191002060 Code Revision: 11/2017	STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 12/2018	Crash Number: NHP191002060 Agency Name: Nevada Highway Patrol
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Description of Crash / Narrative

V1 WAS TRAVELING IN THE NUMBER 2 TRAVEL LANE OF NORTHBOUND IR15, SOUTH OF SR160. DUE TO A CRASH IN THE AREA (#191002059), DEBRIS WAS PRESENT IN THE TRAVEL LANES. THE UNDERSIDE OF V1 STRUCK A CYLINDRICAL OBJECT RESTING IN THE NUMBER 2 TRAVEL LANE. V1 WAS MOVED PRIOR TO NHP ARRIVAL.



Indicate North

Event Number: 191002060			STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 12/2018			Crash Number: NHP191002060		Vehicle Information																																																															
Vehicle # 1	# Occupants 5	<input type="checkbox"/> 1) At Fault <input checked="" type="checkbox"/> 2) Non Contact Vehicle		Agency Name: Nevada Highway Patrol																																																																			
Direction of Travel: <input checked="" type="checkbox"/> 1) North <input type="checkbox"/> 2) South	<input type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown		Roadway / Street Name: IR15				Travel Lane #: 2																																																																
Vehicle Action: <input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Backing <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 9) Passing <input type="checkbox"/> 10) Racing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 14) Driverless Vehicle <input type="checkbox"/> 15) Enter Parked <input type="checkbox"/> 16) Lane Change <input type="checkbox"/> 17) Negotiating a Curve <input type="checkbox"/> 18) Unknown																																																																							
Driver: (Last Name, First Name, Middle Name Suffix) CHIQUIN, JULIO HUMBERTO					Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ Indicate Transporting Agency																																																																		
Street Address: [REDACTED]					Transported To:																																																																		
City: TAYLORSVILLE		State / Country UT		Zip Code: [REDACTED]		Person Type: 1		Seating Position: 1 Code																																																															
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown		DOB: [REDACTED]		Phone Number: 385 [REDACTED]		Injury Severity: 0 Code		Injury Location: Code																																																															
OLN: REDACTED		State UT		Class: D		License Status 0 Code		Airbags: 2 Code																																																															
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements Code		Restrictions Code		Airbag Switch: 4 Code		Ejected: 0 Code																																																															
Alcohol / Drug Involvement <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Marijuana		Method of Determination (check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 3) Driver Admission		Test Results: <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 6) Preliminary Breath Test		Driver Factors <input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 10) Unknown		Vehicle Factors <input type="checkbox"/> 1) Failed To Yield Right of Way <input type="checkbox"/> 2) Disregard Control Device <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 7) Drove Left of Center <input type="checkbox"/> 8) Other _____ <input type="checkbox"/> 9) Failed to Maintain Lane <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 12) Made Improper Turn <input type="checkbox"/> 13) Over Correct / Steering <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 15) Driverless Vehicle <input type="checkbox"/> 16) Unsafe Backing <input type="checkbox"/> 17) Ran Off Road <input type="checkbox"/> 18) Hit and Run <input type="checkbox"/> 19) Road Defect <input type="checkbox"/> 20) Object Avoidance <input type="checkbox"/> 21) Unknown <input type="checkbox"/> 22) Aggressive <input type="checkbox"/> 23) Reckless / Careless																																																															
Vehicle Year: 2006		Vehicle Make: NISSAN		Vehicle Model: XTERRA		Vehicle Type: SUV / CARRY-		Damaged Areas <input type="checkbox"/> 1) Front <input type="checkbox"/> 2) Right Side <input type="checkbox"/> 3) Left Side <input type="checkbox"/> 4) Rear <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Top <input checked="" type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 9) Left Front <input type="checkbox"/> 10) Left Rear <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other																																																															
Plate / Permit No.: F044UW		State UT		Expiration Date: 09/30/2020		Vehicle Color: GRAY		Extent of Damage <input checked="" type="checkbox"/> 1) Minor <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown																																																															
Vehicle Identification Number: 5N1AN08WX6C529649																																																																							
Registered Owner Name: CHIQUIN, JULIO HUMBERTO <input checked="" type="checkbox"/> 1) Same As Driver																																																																							
Registered Owner Address: [REDACTED] TAYLORSVILLE UT [REDACTED]																																																																							
Insurance Company Name: FARMERS <input checked="" type="checkbox"/> 1) Insured																																																																							
Policy number: 185494079		Effective: 05/25/2018		To: 11/25/2019		Sequence of Events																																																																	
Insurance Company Address or Phone Number: 800-435-7764					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Code #</th> <th>Description</th> <th>Collision With Fixed Object</th> <th>Most Harmful Event</th> </tr> </thead> <tbody> <tr> <td>1st</td> <td>218 OTHER MOVABLE OBJECT</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2nd</td> <td>Code</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3rd</td> <td>Code</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4th</td> <td>Code</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5th</td> <td>Code</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>					Code #	Description	Collision With Fixed Object	Most Harmful Event	1st	218 OTHER MOVABLE OBJECT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2nd	Code	<input type="checkbox"/>	<input type="checkbox"/>	3rd	Code	<input type="checkbox"/>	<input type="checkbox"/>	4th	Code	<input type="checkbox"/>	<input type="checkbox"/>	5th	Code	<input type="checkbox"/>	<input type="checkbox"/>																																						
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4th	Code	<input type="checkbox"/>	<input type="checkbox"/>																																																																				
5th	Code	<input type="checkbox"/>	<input type="checkbox"/>																																																																				
<input checked="" type="checkbox"/> 1) Vehicle Towed		Towed By: WALKER TOWING			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Distance Traveled After Impact</th> <th colspan="3">Speed Estimate</th> </tr> <tr> <th>MOVED</th> <th>From</th> <th>To</th> <th>Limit</th> </tr> </thead> <tbody> <tr> <td></td> <td>55</td> <td>65</td> <td>65</td> </tr> </tbody> </table>					Distance Traveled After Impact	Speed Estimate			MOVED	From	To	Limit		55	65	65																																																		
Distance Traveled After Impact	Speed Estimate																																																																						
MOVED	From	To	Limit																																																																				
	55	65	65																																																																				
<input checked="" type="checkbox"/> 2) Towed Due to Disabling Damage		Removed To: TOW YARD																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Traffic Control</th> </tr> </thead> <tbody> <tr> <td>Code 2) Traffic Control Signal</td> <td>Code 11) Stop Sign</td> </tr> <tr> <td>Code 3) Flashing Traffic Control Signal</td> <td>Code 12) Yield Sign</td> </tr> <tr> <td>Code 4) School Zone Sign / Device</td> <td>Code 13) Railway Crossing Sign / Device</td> </tr> <tr> <td>Code 5) Pedestrian Signal / Sign</td> <td>Code 17) Chain / Snow Tire Req.</td> </tr> <tr> <td>Code 6) No Passing</td> <td>Code 20) Officer / Flagger</td> </tr> <tr> <td>Code 7) No Controls</td> <td><input type="checkbox"/> 19) Unknown</td> </tr> <tr> <td>Code 8) Warning Sign</td> <td></td> </tr> <tr> <td>Code 10) Other</td> <td></td> </tr> </tbody> </table>					Traffic Control		Code 2) Traffic Control Signal	Code 11) Stop Sign	Code 3) Flashing Traffic Control Signal	Code 12) Yield Sign	Code 4) School Zone Sign / Device	Code 13) Railway Crossing Sign / Device	Code 5) Pedestrian Signal / Sign	Code 17) Chain / Snow Tire Req.	Code 6) No Passing	Code 20) Officer / Flagger	Code 7) No Controls	<input type="checkbox"/> 19) Unknown	Code 8) Warning Sign		Code 10) Other		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Code</th> <th>2) Traffic Control Signal</th> <th>3) Flashing Traffic Control Signal</th> <th>4) School Zone Sign / Device</th> <th>5) Pedestrian Signal / Sign</th> <th>6) No Passing</th> <th>7) No Controls</th> <th>8) Warning Sign</th> <th>10) Other</th> <th>11) Stop Sign</th> <th>12) Yield Sign</th> <th>13) Railway Crossing Sign / Device</th> <th>17) Chain / Snow Tire Req.</th> <th>20) Officer / Flagger</th> <th>19) Unknown</th> </tr> </thead> <tbody> <tr> <td>(1)</td> <td><input type="checkbox"/> 1) NRS</td> <td><input type="checkbox"/> 2) CFR</td> <td><input type="checkbox"/> 3) CC/MC</td> <td><input type="checkbox"/> 4) Pending</td> <td colspan="10"></td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/> 1) NRS</td> <td><input type="checkbox"/> 2) CFR</td> <td><input type="checkbox"/> 3) CC/MC</td> <td colspan="10"></td> </tr> </tbody> </table>					Code	2) Traffic Control Signal	3) Flashing Traffic Control Signal	4) School Zone Sign / Device	5) Pedestrian Signal / Sign	6) No Passing	7) No Controls	8) Warning Sign	10) Other	11) Stop Sign	12) Yield Sign	13) Railway Crossing Sign / Device	17) Chain / Snow Tire Req.	20) Officer / Flagger	19) Unknown	(1)	<input type="checkbox"/> 1) NRS	<input type="checkbox"/> 2) CFR	<input type="checkbox"/> 3) CC/MC	<input type="checkbox"/> 4) Pending											(2)	<input type="checkbox"/> 1) NRS	<input type="checkbox"/> 2) CFR	<input type="checkbox"/> 3) CC/MC										
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Investigator(s) Erick Caballero					ID Number 457		Date 10/27/2019		Reviewed By Brandon		Date Reviewed 11/1/2019		Page 3 of 5																																																										

Event Number: 191002060		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 12/2018		Crash Number: NHP191002060		Vehicle Information	
Name: (Last Name, First Name, Middle Name Suffix) MAAS MOGOLLON, NINFA XIOMARA				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <u>Indicate Transporting Agency</u>			
Street Address: _____				Transported To:			
City: NORTH LAS VEGAS		State / Country <input checked="" type="checkbox"/> 1) NV		Zip Code: _____		Person Type: 2 Code	
Seating Position: 3 Code		Occupant Restraints: 7 Code		Injury Severity: 0 Code		Injury Location: _____ Code	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female		DOB: _____		Phone Number: 702 _____		Code	
Airbags: 2 Code		Airbag Switch: 4 Code		Ejected: 0 Code		Trapped: 0 Code	
Name: (Last Name, First Name, Middle Name Suffix) DE PAS OCHOA, JUAN CARLOS				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <u>Indicate Transporting Agency</u>			
Street Address: _____				Transported To:			
City: SALT LAKE CITY		State / Country <input type="checkbox"/> 1) NV		Zip Code: _____		Person Type: 2 Code	
Seating Position: 6 Code		Occupant Restraints: 7 Code		Injury Severity: 0 Code		Injury Location: _____ Code	
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female		DOB: _____		Phone Number: 702 _____		Code	
Airbags: 2 Code		Airbag Switch: 4 Code		Ejected: 0 Code		Trapped: 0 Code	
Name: (Last Name, First Name, Middle Name Suffix) CHIQUN, JOAQUINA RODEMIRA				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <u>Indicate Transporting Agency</u>			
Street Address: _____				Transported To:			
City: TAYLORSVILLE		State / Country <input type="checkbox"/> 1) NV		Zip Code: _____		Person Type: 2 Code	
Seating Position: 4 Code		Occupant Restraints: 7 Code		Injury Severity: 0 Code		Injury Location: _____ Code	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female		DOB: _____		Phone Number: 385 _____		Code	
Airbags: 2 Code		Airbag Switch: 4 Code		Ejected: 0 Code		Trapped: 0 Code	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: NV <input checked="" type="checkbox"/> 1) NV Type:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: NV <input checked="" type="checkbox"/> 1) NV Type:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: NV <input checked="" type="checkbox"/> 1) NV Type:	
Commercial Vehicle Configuration							
<input type="checkbox"/> 1) Commercial Vehicle <input type="checkbox"/> 2) Bus <u>Indicate Bus Type</u>							
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 5) Any 4 Tire Vehicle				<input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Doubles <input type="checkbox"/> 9) Tractor / Triples <input type="checkbox"/> 10) Truck with Trailer			
<input type="checkbox"/> 11) Tractor / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> 13) Light Truck, (Haz-Mat) <input type="checkbox"/> 14) Other Heavy Vehicle				Source <input type="checkbox"/> 1) Driver <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 3) Shipping Papers / Trip Manifest <input type="checkbox"/> 4) State Reg. <input type="checkbox"/> 5) Side Of Vehicle <input type="checkbox"/> 6) Other _____			
Hazmat <input type="checkbox"/> 1) Hazmat Placard Displayed <input type="checkbox"/> 2) Hazmat Released <input type="checkbox"/> 3) Was release ≥ 25 gal. or 3 cubic yds.? <u>Location of Hazmat Release, Regardless of Amount</u> <input type="checkbox"/> 1) Tractor Only <input type="checkbox"/> 3) Combination Tractor & Cargo <input type="checkbox"/> 2) Cargo Only							
Carrier Name:				Power Unit GCWR/GVWR <input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.			
Carrier Street Address:				City:		State <input checked="" type="checkbox"/> 1) NV Zip Code:	
Cargo Body Type <input type="checkbox"/> 1) Pole <input type="checkbox"/> 6) Van / Box <input type="checkbox"/> 11) Grain, Gravel Chips <input type="checkbox"/> 2) Tank <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 12) Bus, 9—15 Occupants <input type="checkbox"/> 3) Flatbed <input type="checkbox"/> 8) Auto Carrier <input type="checkbox"/> 13) Bus, > 15 Occupants <input type="checkbox"/> 4) Dump <input type="checkbox"/> 9) Garbage / Refuse <input type="checkbox"/> 14) Other <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 10) Not Applicable				Haz-Mat ID #:		Type of Carrier <input type="checkbox"/> 1) Single State <input type="checkbox"/> 2) USDOT <input type="checkbox"/> 3) Canada <input type="checkbox"/> 4) Mexico <input type="checkbox"/> 5) None	
Hazard Classification #:				NAS Safety Report #:			
Carrier Number:				Page 4 of 5			

Event Number: 191002060		STATE OF NEVADA TRAFFIC CRASH REPORT Occupant / Witness Supplement Revised 12/2018		Crash Number: NHP191002060		Occupant / Witness Supplement	
Agency Name: Nevada Highway							
V# 1	Name: (Last Name, First Name, Middle Name Suffix) REDACTED			Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <u>Indicate Transporting Agency</u>			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type: 2 Code	
Seating Position: 2 Code		Occupant Restraints: 15 Code					
1) Male <input type="checkbox"/> 3) Unknown		DOB:		Phone Number:		Injury Severity: 0 Code	
2) Female						Injury Location: Code	
				Airbags: 2 Code		Airbag Switch: 4 Code	
				Ejected: 0 Code		Trapped: 0 Code	
V#	Name: (Last Name, First Name, Middle Name Suffix)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <u>Indicate Transporting Agency</u>			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type: Code	
Seating Position: Code		Occupant Restraints: Code					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown		DOB:		Phone Number:		Injury Severity: Code	
<input type="checkbox"/> 2) Female						Injury Location: Code	
				Airbags: Code		Airbag Switch: Code	
				Ejected: Code		Trapped: Code	
V#	Name: (Last Name, First Name, Middle Name Suffix)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <u>Indicate Transporting Agency</u>			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type: Code	
Seating Position: Code		Occupant Restraints: Code					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown		DOB:		Phone Number:		Injury Severity: Code	
<input type="checkbox"/> 2) Female						Injury Location: Code	
				Airbags: Code		Airbag Switch: Code	
				Ejected: Code		Trapped: Code	
V#	Name: (Last Name, First Name, Middle Name Suffix)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <u>Indicate Transporting Agency</u>			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type: Code	
Seating Position: Code		Occupant Restraints: Code					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown		DOB:		Phone Number:		Injury Severity: Code	
<input type="checkbox"/> 2) Female						Injury Location: Code	
				Airbags: Code		Airbag Switch: Code	
				Ejected: Code		Trapped: Code	
V#	Name: (Last Name, First Name, Middle Name Suffix)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <u>Indicate Transporting Agency</u>			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type: Code	
Seating Position: Code		Occupant Restraints: Code					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown		DOB:		Phone Number:		Injury Severity: Code	
<input type="checkbox"/> 2) Female						Injury Location: Code	
				Airbags: Code		Airbag Switch: Code	
				Ejected: Code		Trapped: Code	
Investigator(s) Erick Caballero		ID Number 457		Date 10/27/2019		Reviewed By Brandon Crawford	
Date Reviewed 11/1/2019		Page 5 of 5					

“EXHIBIT 4”

2580 SORREL STREET
LAS VEGAS, NV 89146



TELEPHONE
(702) 979-3565
FACSIMILE
(702) 362-2060
E-FAX
(702) 979-2482

August 23, 2021

Sent Via Certified Mail and E-Mail: cecile.peters@jbhunt.com and
Casualty_Claims@jbhunt.com

J.B. Hunt Transport, Inc.
615 J.B. Hunt Corporate Drive
P.O. Box 598
Lowell, AR 72745
Attn: Cecile Peters

RE:

Our Clients:	Julio Chiquin, Joaquina Chiquin, Juan Carlos De Paz-Ochoa, Ninfa X. Maas and [REDACTED], a Minor
Claim No.:	19401467
Policy No.:	H25280350
DOL:	October 27, 2019
Your Insured:	J.B. Hunt Transport, Inc.
Your Driver:	Stephen R. Palacios

<p align="center">TIME LIMITED DEMAND FOR SETTLEMENT LIMITS: EXPIRES SEPTEMBER 7, 2021</p>

Dear Ms. Peters,

As you know, my office represents the above-mentioned clients with reference to the injuries they sustained in the above-referenced automobile incident. In the interest of good faith, and in an attempt to settle this claim without the need for further litigation/arbitration, please allow this correspondence to act as a demand to provide proper and reasonable compensation for our clients, Julio Chiquin, Joaquina Chiquin, Juan Carlos De Paz-Ochoa, Ninfa X. Maas and [REDACTED], a Minor (hereinafter referred to as "Our Client's") for the negligent acts of Your Insured, J.B. Hunt Transport, Inc. and Stephen R. Palacios (hereinafter, "Your Insured").

My submission of this correspondence and all enclosures are intended solely for the purpose of facilitating settlement negotiations. Therefore, this information is not admissible during litigation and will not be allowed into evidence at trial, pursuant to NRS 48.105, in the event that these settlement negotiations do not resolve this claim. Nothing in this demand letter shall constitute a waiver of any rights or objections that my Clients may have, including the introduction of this information as evidence during any litigation. All such rights are hereby reserved.

Additionally, this letter requests verification of the applicable policy and coverage governing the aforementioned incident. We request that your company immediately release the limits of the applicable policy. As such, please correspond with Your Insured for permission to reveal the same. We appreciate your prompt and professional attention to this regard.

INCLUDED EXHIBITS

EXHIBIT I:	Julio Chiquin – Medical Records and Bills
EXHIBIT II:	Joaquina Chiquin – Medical Records and Bills
EXHIBIT III:	Juan Carlos De Paz-Ochoa – Medical Records and Bills
EXHIBIT IV:	Ninfa X. Maas – Medical Records and Bills
EXHIBIT V:	██████████ – Medical Records and Bills
EXHIBIT VI:	2006 Nissan Xterra – Repair Estimate
EXHIBIT VII:	Vehicle Towing Invoices
EXHIBIT VIII:	Vehicle Repairs Invoices
EXHIBIT IX:	Silver Sevens Hotel & Casino – Invoice

ACCIDENT SUMMARY

On or about October 27, 2019, Julio Chiquin who was driving a 2006 Nissan Xterra (hereinafter “V2”) was traveling in the number 2 lane of northbound IR15, south of SR160. At the same time, Your Insured (hereinafter “V1”) was also traveling north on the IR15 in the number 4 travel lane south of SR160. V1 failed to maintain lane causing V1 to enter the restricted access Gore. V1 traveled through the Gore and strike the right shoulder concrete barrier wall and overturned on its left side. Due to the crash from V1 debris was present in the travel lanes. The underside of V1 struck a cylindrical object left from VI crash in the travel lanes (hereinafter “Subject Accident”).

PROPERTY DAMAGE

The Subject Accident caused significant damage to the vehicle. Indeed, such significant damages to a person’s vehicle, effortlessly substantiates the injuries, damages, pain, suffering, and future medical damages, discussed in greater detail below.

Based on the Nevada Highway Patrol, Your Insured was in violation of NRS 484B.587 – Disobey Restricted Access.

JULIO CHIUIN

INJURIES

A. Summary and Statement of Injuries

As a result of the impact, Mr. Chiquin suffered:

1. Cervical Spine Sprain
2. Radiculopathy Cervical Region
3. Thoracic Spine Sprain
4. Lumbar Spine Sprain
5. Radiculopathy Thoracic Region
6. Lumbosacral Sprain
7. Myositis
8. Myalgia
9. Headaches
10. Unilateral Primary Osteoarthritis, Left Knee
11. Spinal Stenosis without Neurogenic Claudication
12. Spinal Stenosis, Cervical Region
13. Spondylosis without Myelopathy or Radiculopathy, Lumbar Region
14. Derangement of Posterior Horn of Medial Meniscus, Left Knee
15. Derangement of Posterior Horn of Lateral Meniscus, Left Knee
16. Other Meniscus Derangements, Anterior Horn of Lateral Meniscus, Left Knee
17. Loose Body in Knee, Left Knee
18. Effusion of Left Knee
19. Pain in Left Knee
20. Spondylosis without Myelopathy or Radiculopathy, Cervical Region
21. Spinal Stenosis, Lumbosacral Region
22. Cervical Disc Disorder with Radiculopathy, Cervicothoracic Region
23. Other Cervical Disc Displacement, Med-Cervical Region
24. Other Cervical Disc Displacement at C5-C6 Level
25. Other Cervical Disc Displacement at C6-C7 Level
26. Other Cervical Disc Degeneration at C4-C5 Level
27. Other Cervical Disc Degeneration at C5-C6 Level
28. Other Cervical Disc Degeneration at C6-C7 Level
29. Intervertebral Disc Disorders with Radiculopathy, Lumbar Region
30. Other Intervertebral Disc Displacement, Lumbar Region
31. Other Intervertebral Disc Degeneration, Lumbar Region
32. Other Specified Dorsopathies, Cervical Region
33. Other Specified Dorsopathies, Lumbar Region
34. Cervicalgia
35. Chondromalacia, Left Knee
36. Muscle Spasm

On October 27, 2019, immediately after the accident Mr. Chiquin suffered from dizziness, left chin pain, shoulders pain, ringing in ears, neck pain, headache, blurry vision, numbness and tingling in his left hand, low back pain, pain in his knees and numbness and tingling in his feet.

On October 31, 2019, due to continued pain in his head, neck, upper back, mid back, lower back, pelvis, shoulder and knee with no significant improvement, Mr. Chiquin chose to seek treatment at Cascade Chiropractic. After he was examined, he was treated with intersegmental therapy and was prescribed a cervical pillow and support device. He was given a referral for an MRIs of the cervical and lumbar spine and left knee and pain management consultation. He was recommended to start a course of therapy.

On November 2, 2019, during his therapy session, Mr. Chiquin further complained of still experiencing pain and discomfort in his neck, upper back, mid back, lower back, pelvis, shoulder, elbow, hip and knee. He was recommended to continue with his therapy treatment.

On November 7, 2019, Mr. Chiquin underwent an MRI of the Lumbar Spine, Cervical Spine and Left Knee with the following findings:

- **Moderate changes of osteoarthritis with multifocal articular cartilage defects as detailed. Additionally, there were intra-articular bodies in the posterior joint, just medial to the PCL footprint.**
- **Extensively degenerated and torn lateral meniscus. The body of the lateral meniscus was completely displaced out of the joint line.**
- **There is a tear of the body and posterior horn of the medial meniscus. The meniscus is diffusely degenerated. The body is 50% subluxed from the joint line.**
- **There is focal detachment of the medial meniscal femoral coronary ligament in the mid third portion of the medial joint line.**
- **There is a joint effusion and there is probably an underlying mild synovitis.**
- **L4-L5: There was moderate spinal stenosis. There is encroachment of L5 nerve roots in the lateral recesses, more on the left. There was minimal foraminal narrowing. Disc contacts L4 nerve root lateral to the left neural foramen.**
- **L5-S1: Disc contacts the S1 nerve roots lateral to the neural foramen. There was mild to moderate bilateral foraminal narrowing.**
- **T11-12: There was mild right foraminal narrowing.**
- **L2-L3: There is grade 1 retrolisthesis.**
- **L3-L4: L3 nerve root contacts disc lateral to the left neural foramen.**
- **C4-5: There was moderate to severe right and minimal left foraminal narrowing.**
- **C5-6: Disc osteophyte complex results in moderate to severe right foraminal narrowing. There is no left foraminal narrowing.**

- **C6-7: Disc osteophyte complex results in moderate bilateral foraminal narrowing.**

On November 12, 2019, Mr. Chiquin sought the expertise of Qamar Khan, D.O. at Pain Pro Specialists South Jordan. After he was examined and based on the results of the MRIs and his symptomatology Dr. Khan recommended him bilateral intraarticular knee joint injection with steroid, transforaminal epidural steroid injections at the level of the bilateral L4 and L5 and cervical epidural steroid injection at the level of C7/T1. He was furthered recommend to continue with his chiropractic/physical therapy program and prescribed medication. He was advised that if symptoms continue a surgical consultation will be suggested. Mr. Chiquin underwent a knee joint injection per Dr. Khan recommendations.

On November 14, 2019, during his therapy session, Mr. Chiquin further complained of still experiencing pain and discomfort in his neck, upper back, mid back, lower back, pelvis, shoulder, elbow, wrist, hip, knee and ankle. He was recommended to continue with his therapy treatment.

On November 21, 2019, during his therapy session, Mr. Chiquin further complained of continued pain in his cervical, upper thoracic, mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and left posterior knee area. He was recommended to continue with his treatment.

On December 10, 2019, during his therapy session, Mr. Chiquin further complained of pain in his cervical, upper thoracic, lumbar and left posterior knee region. He was recommended to continue with his treatment.

On December 19, 2019, during his therapy session, Mr. Chiquin further complained of pain in his left cervical, cervical, right cervical, left cervical dorsal, upper thoracic, right cervical dorsal, mid thoracic and lumbar area. He was recommended to continue with his treatment.

On January 2, 2020, during his therapy session, Mr. Chiquin further complained of pain in his cervical, upper thoracic, mid thoracic, lower thoracic and lumbar area. He was recommended to continue with his treatment.

On October 23, 2020, Mr. Chiquin underwent an X-rays of the Thoracic Spine, Lumbar Spine, Cervical Spine and MRI of the Left Knee with the following findings:

- **Mild multilevel degenerative disc disease.**
- **Mild dextroscoliosis of the lumbar spine centered at the L3-L4 level.**
- **Mild multilevel degenerative disc disease and facet disease.**
- **Degenerative disc disease and facet disease**
- **Slight anterior subluxation of C4 on C5 flexion is likely related to facet disease.**
- **Degeneration, fibrillation, tearing, maceration, truncation, and displacement of the menisci.**

- Tricompartmental degenerative arthritis with cartilage loss and joint space narrowing most marked in the lateral compartment.
- Associated tricompartmental spurring.
- Prominent knee joint fluid.

Please note that Mr. Chiquin continues to treat on a daily basis with his home exercise program that was prescribed specifically to his injuries.

DAMAGES

TOTAL DAMAGES:

The following represents a summary of the costs incurred by Mr. Chiquin to date due to the Subject Accident. Mr. Chiquin is entitled to a full recovery of these damages, plus pain and suffering, loss of enjoyment of life, and loss of past and future earning capacity. The following damages are meant to be an approximate summary of damages known to date and are not intended, in any way, to limit Mr. Chiquin's damages claim in the event that this dispute leads to litigation.

MEDICAL EXPENSES INCURRED TO DATE ¹	\$14,106.34 (Known to date)
FUTURE MEDICAL EXPENSES	\$29,847.00 (Known to date but very likely to increase)
VEHICLE REPAIRS	\$1,789.87 (This amount represents ONLY PARTIAL repairs done to Mr. Chiquin's vehicle)
PROPERTY DAMAGE	\$9,672.19
LOSS OF EARNINGS	TBD
PAIN AND SUFFERING	TBD
LOSS OF ENJOYMENT OF LIFE	TBD
LOSS OF EARNING CAPACITY	TBD
<u>TOTAL</u>	<u>\$55,415.40</u>

Medical Expenses

Cascade Chiropractic & Accident Rehabilitation 3123 W. 5400 S Taylorsville, UT 84129	\$5,155.07
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U.S. MRI 1178 Brickyard Rd. Salt Lake City, UT 84106	\$6,832.27
--	------------

¹ This amount represents medical specials known to date and does not reflect any future costs for medical care.

Pain Pro Specialists
661 West South Jordan Pkwy.
South Jordan, UT 84095

\$2,119.00

INCURRED MEDICAL DAMAGES:

\$14,106.34
(known to date)

FUTURE MEDICAL DAMAGES:

As noted above, Mr. Chiquin physician Dr. Khan recommended him to undergo **transforaminal epidural steroid injections at the level of the bilateral L4 and L5 and cervical epidural steroid injection at the level of C7/T1 and a surgeon consultation.**

- Transforaminal epidural steroid injections at the level of the bilateral L4 & L5
Estimate: \$16,897.00
 - Cervical epidural steroid injection at the level of C7/T1 Estimate:
\$11,950.00
 - Surgeon Consultation Estimate: \$ 1,000.00
- ESTIMATE TOTAL: \$29,847.00

FUTURE MEDICAL TOTAL: \$29,847.00
(known to date)

Loss of Earnings/Value of Time

Mr. Chiquin is entitled to recover lost earnings and the reasonable value of all productive time lost as a result of the accident. This is true regardless of whether the individual was unemployed, or was in fact compensated from this time by his employer through sick pay, flex pay, generosity, etc.

JOAQUINA CHIUQUIN

INJURIES

A. Summary and Statement of Injuries

As a result of the impact, Ms. Chiquin suffered:

1. Cervical Spine Sprain
2. Radiculopathy, Cervical Region
3. Thoracic Spine Sprain
4. Lumbar Spine Sprain
5. Radiculopathy, Lumbar Region
6. Myalgia
7. Myositis

- 8. Headache**
- 9. Spinal Stenosis with Neurogenic Claudication**
- 10. Intervertebral Disc Disorders with Radiculopathy, Lumbar Region**
- 11. Other Intervertebral Disc Displacement, Lumbar Region**
- 12. Low Back Pain**
- 13. Other Intervertebral Disc Degeneration, Lumbar Region**
- 14. Other Intervertebral Disc Degeneration, Lumbosacral Region**
- 15. Spinal Stenosis, Lumbosacral Region**
- 16. Other Specified Dorsopathies, Lumbar Region**
- 17. Spondylosis without Myelopathy or Radiculopathy, Lumbar Region**
- 18. Spondylolysis, Lumbar Region**
- 19. Spondylolisthesis, Lumbosacral Region**
- 20. Cervical Disc Disorder with Radiculopathy, Cervicothoracic Region**
- 21. Cervicalgia**
- 22. Muscle Spasm of Back**
- 23. Other Specified Dorsopathies, Cervical Region**
- 24. Spondylosis without Myelopathy or Radiculopathy, Cervical Region**
- 25. Other Intervertebral Disc Displacement, Thoracic Region**

On October 27, 2019, immediately after the accident Ms. Chiquin suffered from chin pain, neck pain, headache, ringing on left ear, pain with numbness and tingling in shoulders, upper back pain, mid back pain, lower back pain, pain in both arms radiating down to her hands and numbness and tingling in her feet.

On October 31, 2019, due to continued pain in her head, neck, upper back, mid back, lower back, pelvis, shoulder, elbow, wrist, hip and knee with no significant improvement, Ms. Chiquin chose to seek treatment at Cascade Chiropractic. After she was examined, she was treated with intersegmental therapy and was prescribed a cervical pillow and support device. She was given a referral for an MRIs of the cervical and lumbar spine and pain management consultation. She was recommended to start a course of therapy.

On November 2, 2019, during her therapy session, Ms. Chiquin further complained of still experiencing pain and discomfort in her head, neck, upper back, mid back, lower back, pelvis and shoulder. She was recommended to continue with her therapy treatment.

On November 7, 2019, Ms. Chiquin underwent an MRI of the Lumbar Spine and Cervical Spine with the following findings:

- **C5-C6 central/paracentral disc protrusion indenting the thecal sac without evidence of neural compression or cord effacement.**
- **C3-C4 central/paracentral disc protrusion indenting the thecal sac without evidence of neural compression.**
- **Shallow central disc protrusion at C4-C5, T1-T2 and T2-T3, noncompressive character.**

- **L4-L5 grade 1 spondylolisthesis with left-sided L4 spondylolysis. Broad-based disc displacement encroaches on the inferior aspect of the right neural foramen, contacting the L4 exiting nerve. Moderate discogenic spondylosis accompanied by degenerative facet arthropathy produces moderate right and mild left foraminal stenosis.**
- **L5-S1 grade 1 spondylolisthesis with underlying mild discogenic spondylosis. Degenerative facet arthropathy contributes to mild to moderate biforaminal stenosis accompanied by bilateral facet joint capsulitis.**
- **L1-L2 small central disc protrusion slightly indenting the thecal sac, noncompressive in character.**

On November 12, 2019, Ms. Chiquin sought the expertise of Lilia Buchmuller, NP at Pain Pro Specialists South Jordan. After she was examined and based on the results of the MRIs and her symptomatology recommend to continue with her chiropractic/physical therapy program and prescribed medication.

On November 16, 2019, during her therapy session, Ms. Chiquin further complained of still experiencing pain and discomfort in her neck, upper back and lower back. She was recommended to continue with her therapy treatment.

On November 26, 2019, during her therapy session, Ms. Chiquin further complained of having discomfort in her left cervical, cervical, right cervical, left cervical dorsal, upper thoracic, right cervical dorsal, lower thoracic and lumbar area. She was recommended to continue with her therapy treatment.

On December 7, 2019, during her therapy session, Ms. Chiquin further complained of discomfort in her neck, upper back and lower back. She was recommended to continue with her therapy treatment.

On December 31, 2019, during her therapy session, Ms. Chiquin further complained of discomfort in her cervical, upper thoracic, mid thoracic and lumbar region. She was recommended to continue with her therapy treatment.

On October 23, 2020, Ms. Chiquin underwent an X-rays of the Thoracic Spine and Cervical Spine with the following findings:

- **Mild to moderate multilevel discogenic spondylosis.**
- **Thoracic and abdominal aorta atherosclerosis.**
- **Hypolordosis accompanied by altered spinal kinematics without evidence of acute fracture or intersegmental instability.**
- **Moderate discogenic spondylosis at C6-C7 accompanied by multilevel degenerative facet arthropathy.**

Please note that Ms. Chiquin continues to treat on a daily basis with her home exercise program that was prescribed specifically to her injuries.

DAMAGES**TOTAL DAMAGES:**

The following represents a summary of the costs incurred by Ms. Chiquin to date due to the Subject Accident. Ms. Chiquin is entitled to a full recovery of these damages, plus pain and suffering, loss of enjoyment of life, and loss of past and future earning capacity. The following damages are meant to be an approximate summary of damages known to date and are not intended, in any way, to limit Ms. Chiquin's damages claim in the event that this dispute leads to litigation.

MEDICAL EXPENSES INCURRED TO DATE ²	\$8,563.19 (Known to date)
FUTURE MEDICAL EXPENSES	TBD
LOSS OF EARNINGS	TBD
PAIN AND SUFFERING	TBD
LOSS OF ENJOYMENT OF LIFE	TBD
LOSS OF EARNING CAPACITY	TBD
<u>TOTAL</u>	<u>\$8,563.19</u>

Medical Expenses

Cascade Chiropractic & Accident Rehabilitation \$5,049.59
3123 W. 5400 S
Taylorsville, UT 84129

U.S. MRI \$3,513.60
1178 Brickyard Rd.
Salt Lake City, UT 84106

Pain Pro Specialists \$375.00
661 West South Jordan Pkwy.
South Jordan, UT 84095

INCURRED MEDICAL DAMAGES: **\$8,563.19**
(known to date)

FUTURE MEDICAL DAMAGES: **TBD**

Loss of Earnings/Value of Time

Ms. Chiquin is entitled to recover lost earnings and the reasonable value of all productive time lost as a result of the accident. This is true regardless of whether

² This amount represents medical specials known to date and does not reflect any future costs for medical care.

the individual was unemployed, or was in fact compensated from this time by her employer through sick pay, flex pay, generosity, etc.

JUAN CARLOS DE PAZ-OCHOA

INJURIES

A. Summary and Statement of Injuries

As a result of the impact, Mr. De Paz-Ochoa suffered:

1. Lumbosacral Sprain
2. Cervical Spine Sprain
3. Thoracic Spine Sprain
4. Radiculopathy, Lumbar Region
5. Headache
6. Shoulder Pain
7. Left Elbow Pain
8. Myalgia
9. Cervical Disc Disorder at C4-C5 Level with Radiculopathy
10. Other Cervical Disc Displacement at C4-C5 Level
11. Spinal Stenosis without Neurogenic Claudication
12. Intervertebral Disc Disorder with Radiculopathy, Lumbar Region
13. Low Back Pain
14. Other Intervertebral Disc Degeneration, Lumbar Region
15. Other Intervertebral Disc Displacement, Lumbar Region
16. Other Specified Dorsopathies, Lumbar Region
17. Spondylosis without Myelopathy or Radiculopathy, Lumbar Region
18. Cervicalgia
19. Mid-Cervical Disc Disorder
20. Other Cervical Disc Degeneration, Mid-Cervical Region
21. Other Specified Dorsopathies, Cervical Region
22. Spondylosis without Myelopathy or Radiculopathy, Cervical Region
23. Other Intervertebral Disc Degeneration, Lumbosacral Region

On October 27, 2019, immediately after the accident Mr. De Paz-Ochoa suffered from neck pain, shoulder pain, upper and lower back pain, left leg pain and left knee pain.

On November 1, 2019, due to continued pain in his neck, back, mid back, shoulder, leg and headaches with no significant improvement, Mr. De Paz-Ochoa chose to seek treatment at Cascade Chiropractic. After he was examined, he was treated with intersegmental therapy and was prescribed a cervical pillow and support device. He was given a referral for an MRIs of the cervical and lumbar spine and pain management consultation. He was recommended to start a course of therapy.

On November 6, 2019, during his therapy session, Mr. De Paz-Ochoa further complained of pain in the left anterior shoulder, cervical, left cervical dorsal, upper thoracic, left posterior shoulder, left mid thoracic, mid thoracic and lumbar region. He was recommended to continue with his therapy treatment.

On November 11, 2019, Mr. De Paz-Ochoa underwent an MRI of the Lumbar Spine with the following findings:

- **L4-L5 broad-based disc protrusion effacing the thecal sac without evidence of neural compression. Concomitant central/left paracentral posterior active annular tear. Coexisting degenerative facet arthropathy produces mild biforaminal stenosis accompanied by bilateral facet joint capsulitis.**
- **L3-L4 broad-based concentric disc bulging without evidence of neural compression. Coexisting bilateral facet joint capsulitis.**
- **L1-L2 mild discogenic spondylosis accompanied by focal L2 anterior sterile endplate fibrovascular inflammatory response. Coexisting broad-based concentric disc bulging, noncompressive in character.**
- **Lumbosacral transitional segment reported as sacralization of L5.**

On November 22, 2019, during his therapy session, Mr. De Paz-Ochoa further complained of pain in the cervical, upper thoracic, lumbar, left sacroiliac and left posterior leg area. He was recommended to continue with his therapy treatment.

On November 26, 2019, Mr. De Paz-Ochoa sought the expertise of Qamar Khan, D.O. at Pain Pro Specialists South Jordan. After he was examined and based on the results of the MRIs and his symptomatology Dr. Khan recommended him transforaminal epidural steroid injections at the level of the bilateral L4 and L5 and block injections of the bilateral L2, L3, L4 and L5 medical branch nerves. He was furthered recommend to continue with his chiropractic/physical therapy program and prescribed medication. He was further advised that RFA may be necessary for long term relief.

On December 11 2019, during his therapy session, Mr. De Paz-Ochoa further complained of pain his neck, upper and lower back. He furthered complained of feeling worse since his last treatment. He was recommended to continue with his therapy treatment.

On January 13, 2020, during his therapy session, Mr. De Paz-Ochoa further complained of pain and discomfort in his neck, upper and lower back. He was recommended to continue with his therapy treatment.

On January 21, 2020, Mr. De Paz-Ochoa had a follow-up visit with Qamar Khan, D.O. at Pain Pro Specialists South Jordan. After he was examined and based on the results of the MRI and his symptomatology Dr. Khan recommended him transforaminal epidural steroid injections at the level of the bilateral L4 and L5. He was furthered recommend to continue with his chiropractic/physical therapy program

and prescribed medication. He was given a referral for X-rays and MRI of the cervical spine.

On February 7, 2020, during his therapy session, Mr. De Paz-Ochoa further complained of discomfort in the cervical, left cervical dorsal, right cervical dorsal and lumbar region. He was recommended to continue with his therapy treatment.

On February 14, 2020, during his therapy session, Mr. De Paz-Ochoa further complained of continued pain in the left cervical dorsal, right cervical dorsal, left mid thoracic and right mid thoracic area. He was recommended to continue with his therapy treatment.

Please note that Mr. De Paz-Ochoa continues to treat on a daily basis with his home exercise program that was prescribed specifically to his injuries.

DAMAGES

TOTAL DAMAGES:

The following represents a summary of the costs incurred by Mr. De Paz-Ochoa to date due to the Subject Accident. Mr. De Paz-Ochoa is entitled to a full recovery of these damages, plus pain and suffering, loss of enjoyment of life, and loss of past and future earning capacity. The following damages are meant to be an approximate summary of damages known to date and are not intended, in any way, to limit Mr. De Paz-Ochoa's damages claim in the event that this dispute leads to litigation.

MEDICAL EXPENSES INCURRED TO DATE ³	\$7,797.93 (Known to date)
FUTURE MEDICAL EXPENSES	\$65,345.00 (Known to date but very likely to increase)
LOSS OF EARNINGS	TBD
PAIN AND SUFFERING	TBD
LOSS OF ENJOYMENT OF LIFE	TBD
LOSS OF EARNING CAPACITY	TBD
<u>TOTAL</u>	<u>\$73,142.93</u>

Medical Expenses

Cascade Chiropractic & Accident Rehabilitation
3123 W. 5400 S
Taylorsville, UT 84129

\$5,059.93

³ This amount represents medical specials known to date and does not reflect any future costs for medical care.

U.S. MRI	\$1,550.00
1178 Brickyard Rd.	
Salt Lake City, UT 84106	

Pain Pro Specialists	\$1,188.00
661 West South Jordan Pkwy.	
South Jordan, UT 84095	

INCURRED MEDICAL DAMAGES:	\$7,797.93
	(known to date)

FUTURE MEDICAL DAMAGES:

As noted above, Mr. De Paz-Ochoa physician Dr. Khan recommended him to undergo **transforaminal epidural steroid injections at the level of the bilateral L4 and L5 and block injections of the bilateral L2, L3, L4 and L5 medical branch nerves and X-rays and MRI of the cervical spine.**

- | | |
|--|--------------------|
| • Transforaminal epidural steroid injections at the level of the bilateral L4 & L5 | |
| Estimate: | \$16,897.00 |
| • Block injections of the bilateral L2, L3, L4 and L5 medical branch nerves | |
| Estimate: | \$23,500.00 |
| • X-rays and MRI of Cervical Spine Estimate: | <u>\$ 1,960.00</u> |
| ESTIMATE TOTAL: | \$42,357.00 |

As noted above, Mr. De Paz-Ochoa physician Dr. Khan further advised that **RFA** may be necessary for long term relief.

- | | |
|-----------------|--------------------|
| • RFA Estimate | <u>\$22,988.00</u> |
| ESTIMATE TOTAL: | \$22,988.00 |

FUTURE MEDICAL TOTAL:	\$65,345.00
	(known to date)

Loss of Earnings/Value of Time

Mr. De Paz-Ochoa is entitled to recover lost earnings and the reasonable value of all productive time lost as a result of the accident. This is true regardless of whether the individual was unemployed, or was in fact compensated from this time by his employer through sick pay, flex pay, generosity, etc.

NINFA X. MAAS

INJURIES

A. Summary and Statement of Injuries

As a result of the impact, Ms. Maas suffered:

- 1. Cervical Spine Sprain**
- 2. Thoracic Spine Sprain**
- 3. Lumbar Spine Sprain**
- 4. Radiculopathy, Cervical Region**
- 5. Headache**
- 6. Knee Pain**
- 7. Myositis**
- 8. Spondylosis Without Myelopathy or Radiculopathy, Cervical Region**
- 9. Other Specified Dorsopathies, Cervical Region**
- 10. Spinal Stenosis, Cervical Region**
- 11. Other Intervertebral Disc Displacement, Lumbar Region**
- 12. Spondylosis Without Myelopathy or Radiculopathy, Lumbar Region**
- 13. Cervical Disc Disorder at C5-C6 Level with Radiculopathy**
- 14. Cervical Disc Disorder with Radiculopathy, Cervicothoracic Region**
- 15. Other Cervical Disc Displacement at C4-C5 Level**
- 16. Other Cervical Disc Displacement at C5-C6 Level**
- 17. Other Cervical Disc Displacement at C6-C7 Level**
- 18. Other Cervical Disc Degeneration at C5-C6 Level**
- 19. Other Intervertebral Disc Degeneration, Lumbar Region**
- 20. Other Specified Dorsopathies, Lumbar Region**
- 21. Cervicalgia**
- 22. Low Back Pain**

On October 27, 2019, immediately after the accident Ms. Maas suffered from headaches, neck pain, pain in both shoulders, pain in both arms, numbing in both hands, upper and mid back pain, pain in both legs, swollen knees and dizziness.

On November 1, 2019, due to continued pain in her head, neck, back, arms and knees with no significant improvement, Ms. Maas chose to seek treatment at Cascade Chiropractic. After she was examined, she was treated with therapeutic heat and electric stimulation and was prescribed a cervical pillow and support device. She was given a referral for an MRI of the cervical spine was recommended to start a course of therapy.

On November 4, 2019, during her therapy session Ms. Maas further complained of experiencing pain and discomfort in her neck, upper back, mid back and lower back. She further reported of feeling worse since her last treatment. She was given a referral for pain management consultation. She was recommended to continue with her therapy treatment.

On November 11, 2019, Mr. De Paz-Ochoa underwent an MRI of the Lumbar Spine with the following findings:

- **C5-C6 central/paracentral disc protrusion indenting the thecal sac, resulting in ventral cord abutment.**
- **C4-C5 central/left paracentral disc protrusion slightly indenting the thecal sac without evidence of neural compression.**
- **Shallow central disc protrusion at C3-C4 and C6-C7, noncompressive in character.**
- **6 mm cystic nodule involving the left lobe of the thyroid gland, statistically compatible with benign colloid cyst.**

On November 26, 2019, Mr. Maas sought the expertise of Qamar Khan, D.O. at Pain Pro Specialists South Jordan. After she was examined and based on the results of the MRI and her symptomatology Dr. Khan recommended her medial branch block injections of the bilateral C2 C3 C4 C5 medial branch nerves. She was further recommended RFA levels for long lasting relief. She was furthered recommend to continue with her chiropractic/physical therapy program and prescribed medication. She was given a referral for X-rays and MRI of the lumbar spine.

On November 27, 2019, during her therapy session Ms. Maas further complained of experiencing pain and discomfort in her head, neck, upper back and lower back. She was recommended to continue with her therapy treatment.

On December 2, 2019, during her therapy session Ms. Maas further complained of continued pain in her cervical, upper thoracic, lumbar area and headaches. She was recommended to continue with her therapy treatment.

On December 18, 2019, during her therapy session Ms. Maas further complained of continued pain in her cervical, left cervical dorsal, upper thoracic, right cervical dorsal, lumbar, left sacroiliac and right sacroiliac region. She was recommended to continue with her therapy treatment.

On January 13, 2020, during her therapy session Ms. Maas further complained of having a lot of headaches with vision problems. She furthered complained of continued pain throughout her neck and back. She was recommended to continue with her therapy treatment.

On January 20, 2020, during her therapy session Ms. Maas further complained of continued pain in her cervical, upper thoracic, lumbar area and headaches. She was recommended to continue with her therapy treatment.

On January 21, 2020, Ms. Maas had a follow-up visit with Qamar Khan, D.O. at Pain Pro Specialists South Jordan. After she was examined and based on the results of the MRI and her symptomatology Dr. Khan recommended cervical epidural steroid injection at the level C7/T1. She was furthered recommend to continue with her

chiropractic/physical therapy program and prescribed medication. She was given a referral for X-rays and MRI of the thoracic spine and was advised that she may have to repeat the cervical injections in four to six weeks.

On February 7, 2020, during her therapy session Ms. Maas further complained having discomfort in her cervical, upper thoracic, lumbar region and headaches. She furthered reported that she was recommended to get injections by her pain management doctor. She was recommended to continue with her therapy treatment.

On February 14, 2020, during her therapy session Ms. Maas further complained of experiencing pain and discomfort to her upper back, mid back and shoulder. She was recommended to continue with her therapy treatment.

Please note that Ms. Maas continues to treat on a daily basis with her home exercise program that was prescribed specifically to her injuries.

DAMAGES

TOTAL DAMAGES:

The following represents a summary of the costs incurred by Ms. Maas to date due to the Subject Accident. Ms. Maas is entitled to a full recovery of these damages, plus pain and suffering, loss of enjoyment of life, and loss of past and future earning capacity. The following damages are meant to be an approximate summary of damages known to date and are not intended, in any way, to limit Ms. Maas' damages claim in the event that this dispute leads to litigation.

MEDICAL EXPENSES INCURRED TO DATE ⁴	\$7,478.71 (Known to date)
FUTURE MEDICAL EXPENSES	\$74,778.00 (Known to date but very likely to increase)
LOSS OF EARNINGS	TBD
PAIN AND SUFFERING	TBD
LOSS OF ENJOYMENT OF LIFE	TBD
LOSS OF EARNING CAPACITY	TBD
<u>TOTAL</u>	<u>\$82,256.71</u>

Medical Expenses

Cascade Chiropractic & Accident Rehabilitation
3123 W. 5400 S
Taylorsville, UT 84129

\$5,103.71

⁴ This amount represents medical specials known to date and does not reflect any future costs for medical care.

U.S. MRI \$1,550.00
 1178 Brickyard Rd.
 Salt Lake City, UT 84106

Pain Pro Specialists \$825.00
 661 West South Jordan Pkwy.
 South Jordan, UT 84095

INCURRED MEDICAL DAMAGES: \$7,478.71
 (known to date)

FUTURE MEDICAL DAMAGES:

As noted above, Ms. Maas physician Dr. Khan recommended her **medial branch block injections of the bilateral C2 C3 C4 C5 medial branch nerves, RFA levels for long lasting relief, Lumbar and Thoracic X-rays and MRI's and cervical epidural steroid injection at the level C7/T1.**

- Medial branch block injections of the bilateral C2 C3 C4 C5 medial branch nerves Estimate: \$23,970.00
 - RFA Estimate \$22,988.00
 - X-rays and MRI of Lumbar Spine Estimate: \$ 1,960.00
 - X-rays and MRI of Thoracic Spine Estimate: \$ 1,960.00
 - Cervical epidural steroid injection at the level C7/T1 Estimate: \$11,950.00
- ESTIMATE TOTAL: \$62,828.00

As noted above, Ms. Maas physician Dr. Khan further advised of repeating cervical epidural steroid injection at the level C7/T1 after four to six weeks.

- Cervical epidural steroid injection at the level C7/T1 Estimate: \$11,950.00
- ESTIMATE TOTAL: \$11,950.00

FUTURE MEDICAL TOTAL: \$74,778.00
(known to date)

Loss of Earnings/Value of Time

Ms. Maas is entitled to recover lost earnings and the reasonable value of all productive time lost as a result of the accident. This is true regardless of whether the individual was unemployed, or was in fact compensated from this time by her employer through sick pay, flex pay, generosity, etc.

██████████, A MINOR

INJURIES

A. Summary and Statement of Injuries

As a result of the impact, ██████████ suffered:

1. **Cervical Spine Sprain**
2. **Thoracic Spine Sprain**
3. **Lumbar Spine Sprain**
4. **Ankle Pain**
5. **Headache**
6. **Myositis**
7. **Left Foot Pain**
8. **Left Leg Pain**
9. **Pain in Left Lower Leg**

On October 27, 2019, immediately after the accident ██████████ suffered from right hand pain, headache, left leg pain and chest pain.

On November 1, 2019, ██████████ had his initial visit with Jared Dowell, D.C. at Cascade Chiropractic. ██████████ complained of pain in his neck, back, right ankle and headaches. After he was examined, he was treated with therapeutic heat and electric stimulation. He was recommended to start a course of therapy.

On November 4, 2019, during his therapy session ██████████ further complained of experiencing pain and discomfort in his neck, mid back, lower back and ankle. He was given a referral for pain management consultation and was recommended to continue with his therapy treatment.

On November 22, 2019, during his therapy session ██████████ further complained of having discomfort in his upper thoracic and lumbar region. He was recommended to continue with his therapy treatment.

On November 26, 2019, ██████████ had his initial visit with Qamar Khan, D.O. at Pain Pro Specialists South Jordan. After he was examined, he advised to take Children's Tylenol and Children's Motrin. He was further advised to follow-up with his pediatrician.

On November 27, 2019, during his therapy session ██████████ further complained of having discomfort in his cervical and upper thoracic region. He was recommended to continue with his therapy treatment.

On December 6, 2019, during his therapy session ██████████ further complained of having discomfort in his upper thoracic and mid thoracic region. He was recommended to continue with his therapy treatment.

On December 11, 2019, during his therapy session [REDACTED] further complained of experiencing discomfort in his mid-back. He was recommended to continue with his therapy treatment.

Please note that [REDACTED] was only 6 years old at the time of the Subject Accident. Although it is known that children have resilient body, it is hard to determine the long-term effects of such injuries.

DAMAGES

TOTAL DAMAGES:

The following represents a summary of the costs incurred by [REDACTED] to date due to the Subject Accident. [REDACTED] is entitled to a full recovery of these damages, plus pain and suffering, loss of enjoyment of life, and loss of past and future earning capacity. The following damages are meant to be an approximate summary of damages known to date and are not intended, in any way, to limit [REDACTED] damages claim in the event that this dispute leads to litigation.

MEDICAL EXPENSES INCURRED TO DATE ⁵	\$3,471.52 (Known to date)
FUTURE MEDICAL EXPENSES	TBD
PAIN AND SUFFERING	TBD
LOSS OF ENJOYMENT OF LIFE	TBD
<u>TOTAL</u>	<u>\$3,471.52</u>

Medical Expenses

Cascade Chiropractic & Accident Rehabilitation 3123 W. 5400 S Taylorsville, UT 84129	\$3,096.52
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Pain Pro Specialists 661 West South Jordan Pkwy. South Jordan, UT 84095	\$375.00
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INCURRED MEDICAL DAMAGES:	\$3,472.52 (known to date)
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FUTURE MEDICAL DAMAGES:	TBD
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⁵ This amount represents medical specials known to date and does not reflect any future costs for medical care.

Causation

There is no question that this vehicle accident caused Our Clients injuries. The injuries are traumatic in nature and manifested immediately after Your Insured caused the Subject Accident. Further, each of their treating physicians have opined that, to a reasonable degree of medical certainty, these injuries are a direct result of the Subject Accident.

Pain and Suffering

As you are likely aware, in Nevada, pain and suffering are detrimental factors for which the injured party must be compensated if the detriment is caused by the negligent party. An injured person who is forced to endure ongoing and extensive pain and suffering is entitled recovery. Certain monetary amount for each day an injured party suffered from the pain and suffering as a result of the injuries caused by a negligent party is proper. Our Clients felt physical pain throughout their head and body immediately after the accident. Our Clients should be compensated for the pain and suffering they incurred as a result of this incident.

Inability to Enjoy Life

Additionally, in Nevada, injured people are entitled to recover for their inability to “enjoy life” as they would have, had the injury not occurred. As a direct and foreseeable consequence of the Subject Accident, Our Clients were unable to “enjoy life” as they had prior to the Subject Accident. Even today, they continue to experience discomfort in the areas of their body that were injured in the Subject Accident.

LIABILITY IS INDISPUTABLE

NEGLIGENCE

As you are no doubt aware, in Nevada, the driver of a motor vehicle has the duty to exercise ordinary care at all times to avoid placing himself/herself or others in danger, to use like care to avoid an accident, and to maintain a proper control of his or her vehicle. Moreover, a drivers’ duty of care is established to protect other persons from all possibilities of unreasonable harm that may be expected to result from collisions with other vehicles. When harm of a kind normally to be expected as a consequence of negligent driving results, it is within the scope of the defendant’s duty of protection. Further, the driver’s general duty of ordinary care includes the duty to keep a proper lookout for persons or vehicles and to keep the vehicle under such control as will enable him or her to avoid an accident.

As noted above, Your Insured failed to exercise due care and caused the Subject Accident that resulted in damages and injuries to Our Clients. Additionally, Our Clients, by no stretch of the imagination, contributed in any way whatsoever to the Subject Accident. As a victim of Your Insured’s negligent, erratic, and illegal driving,

there was simply nothing Mr. Chiquin could have done to avoid being involved in the Subject Accident with Your Insured. Thus, there is little question, Your Insured was the proximate cause of the Subject Accident. While unfortunate, Your Insured drove negligently and as a direct and foreseeable result Your Insured caused the instant collision that injured Our Clients.

CONCLUSION

As you are aware, litigation and, ultimately, trial is usually required in cases that do not settle at this stage. As demonstrated, the exclusive liability of Your Insured is clear and is not in dispute. As such, if my Clients bring this case before a jury, it is extremely likely that they will receive a judgment against Your Insured for the full amount of their past, present and future injuries, including damages for pain and suffering. However, in an attempt to reach a mutually beneficial resolution of this claim, my Clients have authorized this firm to make an offer of settlement in an amount reasonably calculated to return them to their pre-accident condition.

POLICY LIMITS SETTLEMENT DEMANDS

Julio Chiquin, Joaquina Chiquin, Juan Carlos De Paz-Ochoa, Ninfa X. Maas and [REDACTED], a Minor demand for settlement in this matter is the policy limits.

The liability of Your Insured is clear as dictated by the Nevada violations discussed above. As such, Your Insured is liable for all the damages caused to Our Clients. Accordingly, Our Clients have authorized this firm to make an offer of settlement for the full policy limits under the following conditions:

Per person/per accident policy:

- In the event your insured's policy is a per person/per accident policy, our client will settle their claim for bodily injury for the full amount of the per person policy limits of all of your insured's insurance policies.
- If the liability policy of your insured contains a liability deductible, self-retention amount, or other similar payment provision, this demand shall include payment of that amount in addition to the insurance limits proceeds.
- Combined single limit policy:
- In the event your insured's policy limit is a combined single-limit policy, our client is willing to settle their claim for the full amount of the single-limit coverage.
- If the liability policy of your insured contains a liability deductible, self-retention amount or other similar payment provision, this demand shall include payment of the amount in addition to the insurance limits proceeds.

Combination of Policies:

- In the event your insured has an applicable per-person policy(ies) along with a combined single-limit policy(ies), our client is willing to settle their claim for the full amount of the applicable limit coverage.
- If any of the liability policies of your insured contain a deductible, self-retention amount or other similar payment provision, this demand shall include payment of that amount in addition to the insurance limits proceeds.
- If you decide to accept any one of these offers, please provide our office with a certified copy of your insured's policy declaration sheet(s) to confirm the amount of policy limits and conditions. Our demand for settlement is contingent on the tender of all of your insured's applicable insurance coverage/policies for this accident.

Please note that any acceptance of Your Insured's policy limits with J.B. Hunt Transport, Inc. does not, in any way, limit our client's ability to recover under any additional or excess insurance policies that Your Insured has. In fact, such excess or additional insurance policy proceeds are specifically excluded from any settlement between our client and Your Insured that results from this demand letter.

STANDARD REGARDING INSURANCE CLAIMS PRACTICES

We do not wish to speculate as to how you should act on your insured's behalf. However, be cognizant of your duties under NRS 686A.310, which imposes a duty to settle fairly and equitably a claim where liability has become reasonably clear, such as in the above-case.

In the event this Demand is denied, or a compromise settlement is offered, we request, pursuant to NRS 686A.310, that you provide us with a prompt and reasonable explanation of all data relied upon in relation to the facts or applicable law in making your denial or offer of compromise.

We have enclosed all materials we believe are relevant to evaluating this matter, including medical reports, to assist you in the assessment of this claim.

This Demand will remain in effect for fourteen (14) days from the date of this letter and is automatically revoked at the end of that time and may not be renewed thereafter. In the event you fail to accept our demand of settlement within this 14-day period, we will proceed with bringing this case to a jury trial, and we will look to your company to pay the entire judgment without regard to policy limits.

Please know that this policy and time limits demand is inclusive all of attorney's fee liens and any hospital, medical, health insurance, Medicaid, or Medicare liens.

This demand package and the information contained therein are given to you only for the purposes of further settlement discussion and case evaluation. It is not to be used by you or your company in any way without our express written permission. It remains the property of the plaintiff and may not be copied or reproduced in any manner without the plaintiff's express written permission. Furthermore, this information may in not in any way be used in the defense of this case as an admission against our client or against any interest of our client.

THIS TIME-LIMITED, POLICY LIMITS DEMAND WILL EXPIRE AT 5:00 P.M. (PST) ON SEPTEMBER 7, 2021.

With that said, if you are willing to tender the full amount of Your Insured's policy, please forward the settlement release, prior to the expiration date. If you refuse to settle for the above demand, we will have no choice but to proceed to litigation in this matter.

Thank you for your attention to this matter. Please contact the undersigned, Adam R. Fulton, Esq., at (702) 979-3565 with any questions related to this demand.

Sincerely,

JENNINGS & FULTON, LTD.

A handwritten signature in black ink, appearing to read 'Adam Fulton', is written over a horizontal line.

Adam Fulton, Esq.
arf/nr